GRAFTON RECREATION COMMISSION Grafton, Massachusetts

Application for Use of Facilities

Must Attach Certificate of Insurance

Name of Organization				
Field in which desired space	is located			
□Norcross/Miner Park	□Airport Park	□Ferry Street Park	□Nelson Park	
☐Grafton Common	□Phelps Field/Tufts	□Silver Lake Beach		
Specific space desired				
Dates desired	Time(s) From	am pm to am	am pm am	
Dates desired	Time(s) From	pm to	pm	
Purpose	Admission Charge			
Reason why money is raised				
Organization must provide o Town of Grafton as an addit	•	nce for their organization	and must list the	
I, as official representative of the orgrounds and am empowered to gua should the Policy not be adhered to Recreation Commission reserves the consumption of alcoholic bever Town Bylaws.	arantee that this organization will co o, permission for further use of the	omply with it in full. I underst grounds or facilities may be do of use based on good cause.	and, further, that enied. The Please be advised	
Signed	Title	e		
Address				
Phone Cell #				
Date				
FOR OFFICIAL USE ONLY				
Space appli	ed foris/ is not availal	ble on the date(s) requested.		
Recreation Coordinator		Date		
The cost for rental of this date is _ forwarded to the Office of the Grareceipt of bill.	. Check is to b	pe made payable to the Town or rovidence Road, Grafton, MA	of Grafton and , 01519, upon	

Please sign stating that you have read and understand the following rules. Please share these rules with all coaches in your organization.

Waiver: In consideration of this application, I release the Town of Grafton, its employees, agents, representatives, and other person or organizations for whose conduct it is responsible from any and all liability, loss, damage, cost, claims and /or causes of action, including but not limited to all bodily injuries and property damage resulting or arising from the use of the premises, facilities, or equipment of the Town of Grafton, or caused in any way by the Town of Grafton, its employees, agents, representatives, and other persons or organizations for whose conduct it is responsible. I am in the necessary physical condition necessary to participate in the activity we registered for.

GROUP NAME	
CONTACT PERSON	
ADDRESS	
HOME PHONE NO.	WORK PHONE NO.
President's Signature	Date